

TRIBAL CONSULTATION AND URBAN CONFER SUMMARY AMERICAN RESCUE PLAN ACT OF 2021 FUNDING FOR PUBLIC HEALTH WORKFORCE ACTIVITIES

This document summarizes comments received in response to \$210 million in American Rescue Plan Act of 2021 (ARPA), Pub. L. No. 117-2, 135 Stat. 4 (March 11, 2021) public health workforce funding virtual Tribal Consultations held on December 14, 2021, and December 22, 2021, and a virtual Urban Confer held on December 15, 2021. The IHS accepted written comments through January 21, 2022.

The Indian Health Service (IHS) received a total of 25 written comments.

Tribal Consultation Comments: The IHS received 17 letters representing the views of 9 Tribes and 8 Tribal Health Organizations (THPs) (representing more than 300 Tribes).

Urban Confer Comments: The IHS received 8 letters representing the views of 6 Urban Indian Organizations (UIOs), and 2 national advocacy organizations representing UIOs (representing 41 Urban Indian health programs).

The summary of comments that follow have been compiled from the Tribal Consultations held on December 14, 2021, and December 22, 2021, and a virtual Urban Confer held on December 15, 2021. Comments are organized under the appropriate funding decision categories. Specifically, we have summarized all comments received on the following:

- Registered Nurses in Bureau of Indian Education (BIE)-funded schools;
- Public Health Capacity Building in Indian Country;
- IHS Emergency Preparedness Capacity;
- Additional IHS loan repayment awards; and
- Core surveillance and epidemiology functions.

Summary of Comments on Funding for Registered Nurses in Bureau of Indian Education (BIE)-Funded Schools

- Commenters noted that Alaska Area IHS does not have BIE-funded schools, but their communities and schools have the same needs as IHS Areas with BIE-funded schools.
 - Commenters recommended that a portion of the funds be allocated to the Alaska Area IHS to conduct similar activities that the IHS would conduct in BIE programs located in the lower 48 states.
 - Commenters further recommended that funds be allocated to the Alaska Area using the tribal shares methodology for Hospitals and Health Clinics or the Alaska Immunization program.
- Commenters indicated support for the initiative to fund Registered Nurses in BIE-funded schools.
- Commenters recommended that the IHS provide flexibility to support behavioral health services with this funding where allowable.
- Commenters recommended that the IHS give priority to BIE-funded schools that currently lack a nurse entirely and/or have insufficient public health staff.

- Commenters recommended that the IHS set resources aside to support recruitment and retention of nurses in BIE-funded schools.
- Commenters recommended that the IHS allocate funding proportionally based on student enrollment, including non-residential students and students residing in dormitories supported by the BIE.
- Commenters objected to the hiring of a program lead at IHS Headquarters because it will create unnecessary administrative overhead and reduce the amount of funding available for school nurse programs.
- Commenters requested that the IHS provide a funding estimate for the program evaluation component of this initiative.
- Commenters recommended that the IHS reconsider the credentials necessary to fulfill this role because Registered Nurses are in short supply.

Summary of Comments on Funding for Public Health Capacity Building

- Commenters expressed support for additional funding for public health capacity building, including conducting public health department functions, services, and activities and developing public health management capabilities.
- Commenters recommended maximum flexibility and clear guidelines for the use of these funds.
- Commenters recommended that the IHS increase the amount of funding available for public health capacity building from the total \$210 million available.
- Commenters recommended that the IHS ensure these funds are made available to UIOs, in addition to programs operated by the IHS and THPs.

Summary of Comments on Funding for Emergency Preparedness Activities

- Commenters recommended that the IHS distribute these funds across the health system, instead of using them to support IHS-specific activities.
- Commenters requested that the IHS provide additional detail on how much of these funds would support activities at the Area level versus IHS Headquarters activities.
- Commenters requested that the IHS reduce the \$20 million allocated for these activities to increase resources for Public Health Capacity building.
- Commenters objected to the IHS allocating these resources specifically for IHS purposes without considering Tribal Consultation comments on the allocation of these funds.

Summary of Comments on Funding for Additional IHS Loan Repayment Awards

- Commenters recommended that all Community Health Aides, not just dental therapists, be eligible for loan repayment.
 - Commenters further recommended that Community Health Aides and dental therapists also be eligible for the IHS Scholarship Program.

- Commenters indicated support for additional funding for the IHS Loan Repayment Program, noting that any resources to assist in recruiting and retaining staff were welcomed.
- Commenters recommended that the IHS prioritize health professionals for loan repayment based on current health care workforce shortages.
- Commenters requested a funding breakout of health professions supported with loan repayment awards by IHS Area, once the funds are awarded.
- Commenters recommended that the IHS expand the types of professions that are eligible for loan repayment, including business administration, health administration, and public health professions.
- Commenters recommended that the IHS distribute this funding equitably and fairly to address all provider shortages within Indian Country.
- Commenters recommended that the IHS change its scoring methodology to allow for any IHS or THP to be eligible for loan repayment program slots, instead of the current practice of targeting these resources toward sites with the lowest performance in fulfilling vacancies, which the commenters characterized as an approach that penalizes health programs that prioritize recruitment and retention.

Summary of Comments on Funding for Surveillance and Epidemiological Activities

- Commenters recommended that the IHS make these funds available to Tribal Epidemiology Centers.
- Commenters recommended that the IHS provide additional information on how these activities will support the work of Tribal Nations.
- Commenters recommended that the IHS use its existing systems within the Resource and Patient Management System to update its natality and mortality reporting, instead of reinventing the wheel.
- Commenters objected to the IHS allocating these resources specifically for IHS purposes without considering Tribal Consultation comments on the allocation of these funds.
- Commenters recommended that these funds be provided directly to programs operated by the IHS and THPs.
- Commenters recommended that the IHS provide an overview of all surveillance and epidemiological activities conducted directly by the Agency.
- Commenters indicated support for the allocation of resources for surveillance and epidemiological activities.

Other Comments

- Commenters recommended that the IHS distribute funding using existing Indian Self-Determination and Education Assistance Act (ISDEAA) funding agreements, and avoid using competitive grants as a mechanism for funding distribution.
- Commenters recommended that Tribes be provided maximum flexibility for the use of all funding, including for future, non-COVID-19 public health emergencies.

- Commenters recommended that the IHS minimize any reporting requirements to the extent allowable by law.
- Commenters recommended that funding remain available until expended.
- Commenters recommended that the IHS distribute funds through ISDEAA funding agreements and permit THPs to use the funds based on the needs of their communities, rather than in the pre-determined allocation developed within the Executive Branch.
- Commenters recommended that user population be used in all one-time funding allocations.
- Commenters recommended that the IHS refrain from using historical funding methodologies to distribute funding because the bulk of funding is provided to sites that already receive significant resources.
- Commenters recommended that the IHS should make these funds available as soon as possible.
- Commenters recommended that the IHS balance expeditious distribution of funding with the development of an equitable formula that best serves Tribal Nations and provides for the communities with the most need.
- Commenters recommended that the IHS not require approval of projects proposed by THPs with these funds.
- Commenters recommended that the IHS publish the amount of funding each IHS Area receives from ARPA funds on a quarterly basis.
- Commenters recommended that the IHS provide information to Tribes about allowable uses of funds and other necessary technical assistance topics.
- Commenters recommended that the IHS consider distributing funds on a pro-rata basis to IHS Areas using the tribal shares methodology, and then direct Area Directors to initiate Tribal Consultation with each of their respective Area Tribes about the priority and use of the funds. Commenters further recommended that IHS Area allocations be based on population and health status indicators.
- Commenters recommended that the IHS provide funding for Southcentral Foundation programs, including Soldier's Heart, Nutaqsiivik Nurse Family Partnership, Alaska Native Health Resource Advocate Program, Health Education, and the Benteh Nuutah Valley Native Primary Care Center Wellness Center.